

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey A. Myers M.D.**

Mailing Address 3777 Bobbin Mill Rd.

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesiology associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

**Transaction ID : C3047732**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey A. Nachman M.D.**

Mailing Address 169 Timothy Circle

City

Wayne

State

PA

Zip Code

19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Associates in Anesthesia, Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : C3057719**

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

**c. John D. Nachtigal M.D.**

Mailing Address 3901 Rainbow Blvd MS 1034

City

Kansas City

State

KS

Zip Code

66160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Kansas Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	5

**Transaction ID : C3055983**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2033.00

**TOTAL** This Period (last page this line number only)..... ►